12030814560

FEC FORM

Signature of Treasurer

STATEMENT OF ORGANIZATION

RECEIVED

05' / 22" / 2012

Date

FORM 1		Ond	~!\!Z/		2012 MAY 29 Office Use Only				
1. NAME OF COMMITTEE (in	n full)	(Check if is changed)		Example over the	e:If typing, type e lines.	12FE4N	[. UEMTER	
Cesar Hen	ao Fo	r Congres	ss Cor	mmitte	e			لبب	
	1 1 1 1	5000 0-	<u> </u>		<u> </u>	L	11111	لبب	
ADDRESS (number and street) (Check if address is changed)		5023 So	lar Po	pint Ur	ive			لىب	
		Greenad	res			, FL	33463		
			(CITY		STATE	ZIP COI	DE	
COMMITTEE'S E-MA	AIL ADDRES			_	-				
(Check if address is changed)		cesar@cesarforcongress.com							
COMMITTEE'S WEB	B PAGE ADD	• •	_						
(Check if is change		www.ce	sartor	congr	ęs _s ,com				
2. DATE OF	5 [*] ′ 22	2012	(V						
3. FEC IDENTIFIC	CATION NU	MBER	c 0	052	1534				
4. IS THIS STATE	MENT	NEW (N)	OR	\boxtimes	AMENDED (A))			
I certify that I have	examined thi	is Statement and	to the best	of my kno	wledge and belie	ef it is true, corr	ect and complete.		
Type or Print Name	of Treasurer	Deana	Cruz				· · · · · · · · · · · · · · · · · · ·		

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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L	Office Use Only			For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)